

HCH Performance Improvement Committee Meeting Minutes

Date of Meeting:	12/18	Time:	8:15-9am
Location:	421 Fallsway, 3 rd Fl Large Conf. Room	Minutes prepared by:	Ziad Amer
Attendees			
Z. Amer, A. Darby, , J. Diamond, B. DiPietro, S. Donelan M. Flanagan, J. Ferdous, C. Fowler, T. Gedin, M. Hadley, K. Healy, M. Johnston, E. Martin, H. Mast, T. Russell, A. Shearer, J. Tate, G. Thacker, A. Trustman, M. Williams,			
Agenda and Notes, Decisions, Issues			
Topic	Discussion		
Monthly Dashboard			
Adult BMI:	<ul style="list-style-type: none"> While we continue to track this measure, we are confident that our efforts in 2018 and 2019 will continue to see sustained results above our goal of 75%. In November we saw a rate of 81%. 		
Pediatric Dental Varnish	<ul style="list-style-type: none"> For the ninth month in a row we are above our goal of 50%, and in November we saw our highest rate yet of 72%. We will continue to track this goal, but see this sustained improvement a success in this campaign. 		
Flu Immunization	<ul style="list-style-type: none"> Thus far, three months into the 2019-2020 flu season, we are already 10% above our vaccination rate from last season. However, we can still see that we are below our goal of a 45% vaccination rate and are able to identify the specific departments and sites that can continue the work to improve our vaccination delivery. The cohort that are heading this measure are in the process of testing and implementing workflow changes to ensure this improvement is achieved. To date, we have a vaccination rate of 41% 		
Depression Remission	<ul style="list-style-type: none"> We have reprioritized our strategy of approach for our Depression Remission measure and will be bringing in providers who have seen success with their clients with Depression to learn from their success. We will also be improving the EMR depression form to increase the accessibility for providers. 		
Incident Reporting	<ul style="list-style-type: none"> We continue to fluctuate each month with incident reporting, however training of department heads last month has led to a 2% increase. We are currently at 19% for the month of November. 		
Project Updates			
Blood Pressure Control in Hypertensive Clients	<ul style="list-style-type: none"> After completing the Pill Card PDSA the Sub-Committee found that the challenges in developing the pill cards, each unique to individual clients, was too cumbersome and time consuming to be feasibly scaled and widely implemented. However, we did learn 		

	<p>that a tool of some kind to remind and educate clients on their pill regimens is valuable. The Sub-Committee has begun the development of a 1-pager for clients to navigate their prescriptions, refills, and pill bottle labels to address this exact solution. The 1-pager will be a literacy appropriate guide with graphics detailing how a client can call and access the pharmacy for refills or questions, and how to read their pill bottles for dosing instructions. Lastly, we have also begun a PDSA focused on hypertensive clients who have missed their most recent appointment with a nurse or their PCP. The goal of the PDSA is to reduce the number of missed appointments in hypertensive clients by calling and scheduling appointments with a nurse or PCP if clients have missed their check-up. This measure is challenging as it relies heavily on medication adherence and regular check-ins with a nurse or PCP to manage hypertension. Much of the work we have done in the Sub-Committee will directly influence 2020's Medication Adherence efforts.</p>
Child Weight Screening and Counseling	<ul style="list-style-type: none">• We are proud to show that the Sub-Committee has managed sustained improvement for two months above our goal of 70%, with a rate of 76% in November. This success is contributed to our implementation of the 5-2-1-0 handout, an easy and accessible education and counseling tool for providers to review with clients. However, we would like to reinforce this improvement by addressing Well Child Visit rates through a communication and marketing campaign, as well as the development of an EMR form designed specifically for Child Weight Screening and Counseling in an effort to streamline the recording process and reduce opportunities for error.

Missed Appointments

- We are proud to report our lowest Missed Appointments Rate ever in October at 22%! The Sub-Committee has done tremendous work and tested and implemented numerous changes over the course of this two year project. We have effectively reduced the average missed appointments rate by 6.5%. Our successful efforts include, the implementation of both Televox-text reminders as well as CAA reminder calls to clients ahead of their appointments, the exploration of wait-times and opportunities for improvement, and the improvement of our internal referral procedures. This project has taught us that transportation was actually *not* a significant factor, centrality and other flagging systems are vital to improving internal coordination, and standardizing a check-in process greatly improves client's ability to navigate the facility and make their appointments on time. However there are still challenges ahead, namely: this multi-faceted problem does not have an applicable agency-wide solution as each department faces their own challenges, large numbers of clients will check-in to the building but will still not make it to their appointments, and that our phone system is not robust enough to allow clients to adequately reschedule or cancel their appointments.

**Discussion:
2019 Year in
Review**

- We asked everyone present at the Committee Meeting 4 things about their involvement in Performance Improvement in 2019: What did you learn? What did you like? What did you wish? What do you wonder? These questions mirror the language used by the Institute for Healthcare Improvement (IHI) and organization from which this department draws much of its knowledge and tools. These are some of the responses we received from the attendees:
 - **I learned:**
 - The importance and impact of PI and driver diagrams
 - Most of our improvement projects remain linked to HIT/IT work
 - How PDSA's work!
 - The most impactful/sustained improvements are possible when people work together
 - **I like...**
 - That we continuously strive to improve
 - The diversity of our efforts and learning more about the PI process

	<ul style="list-style-type: none"> ○ The transparency/honest of trying something and subcommittees providing feedback on why it did/didn't work ○ How high we set goals, how we stick with each client to explain each change and help them navigate implementations ○ Collaborating with teams to develop and test ideas (also seeing sustained improvement) ○ HOT CHOCOLATE ● I wish... <ul style="list-style-type: none"> ○ There was more enthusiasm for change/trying new things ○ That there was less ambiguity around getting questions answered as they come up in PI re: the agency (agile communication) ○ That direct care staff had more time/capacity to join PI committees/activities – they are so pivotal to this work ○ That I had more time to engage in more PI activities ○ We had more leadership support/buy in ● I wonder... <ul style="list-style-type: none"> ○ How joy will be measured, what that will mean for meeting out other goals ○ If we can forge deeper and more effective partnerships with Pharmacy, Mercy Departments, and how we can make this happen practically ○ How we can get more client involvement ○ How much progress would be made if people saw their portion as the necessary as the whole from the start watch the enthusiasm and impact ○ How we can consistently engage clinical folks in PI ○ Process for choosing PI priorities/How can we use PI/PDSAs in admin work
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Next Meeting:

Wednesday, January 15th, 2019
8am – 9am
3rd Floor Large Conference Room